

# HOW TO REPORT STDs WITH THE CMR

In California, health care providers who have diagnosed, or suspect the presence of, a sexually transmitted disease (STD) in their patient are legally required to report that infection to the local public health department.<sup>1,2</sup> The Confidential Morbidity Report (CMR) was developed by the California Department of Public Health to facilitate the reporting of communicable diseases, including STDs. By reporting STDs promptly and completely, you help limit the spread of STDs in San Diego County.

1 California Code of Regulations: Title 17, Division 1, Chapter 4, Subchapter 1, Article 1.  
2 For a complete list of legally required reportable STDs, please see the back of the CMR; and consult with your local health department for any local reporting requirements.

State of California—Health and Human Services Agency

California Department of Public Health

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except Tuberculosis and conditions reportable to DMV.

DISEASE BEING REPORTED

Patient Name - Last Name

First Name

MI

Home Address: Number, Street

Apt./Unit No.

City

State

ZIP Code

Home Telephone Number

Cell Telephone Number

Work Telephone Number

Email Address

Primary Language

English

Spanish

Other:

Date (mm/dd/yyyy)

Age

Years

Months

Days

Gender

M to F Transgender

Male

F to M Transgender

Female

Other:

Pregnant?

Yes

No

Unknown

Est. Delivery Date (mm/dd/yyyy)

Country of Birth

Occupation or Job Title

Occupational or Exposure Setting (check all that apply):

Correctional Facility

School

Other (specify):

Food Service

Day Care

Health Care

Ethnicity (check one)

Hispanic/Latino

Non-Hispanic/Non-Latino

Unknown

Race (check all that apply)

African-American/Black

American Indian/Alaska Native

Asian (check all that apply)

Asian Indian

Cambodian

Chinese

Filipino

Pacific Islander (check all that apply)

Native Hawaiian

Guamanian

White

Other (specify):

Unknown

Hmong

Japanese

Korean

Laotian

Samoan

Thai

Vietnamese

Other (specify):

Reporting Health Care Provider

Reporting Health Care Facility

Address: Number, Street

Suite/Unit No.

City

State

ZIP Code

Telephone Number

Fax Number

Submitted by

Date Submitted (mm/dd/yyyy)

REPORT TO:

EPIDEMIOLOGY

Fax (858) 715-6458

Phone (619) 692-8499

SEXUALLY TRANSMITTED DISEASES

Fax (619) 692-8541

Phone (619) 692-8520

(Obtain additional forms from your local health department.)

SEXUALLY TRANSMITTED DISEASES (STDs)

Gender of Sex Partners (check all that apply)

Male

Female

Unknown

M to F Transgender

F to M Transgender

Other:

STD TREATMENT

Treated in office

Given prescription

Drug(s), Dosage, Route

Treatment Began (mm/dd/yyyy)

Untreated

Will treat

Unable to contact patient

Patient refused treatment

Referred to:

If reporting Syphilis, Stage:

Primary (lesion present)

Secondary

Early latent < 1 year

Latent (unknown duration)

Late latent > 1 year

Late (tertiary)

Congenital

Neurosyphilis?

Yes

No

Unknown

Syphilis Test Results

RPR

VDRL

FTA-ABS

TP-PA

EIA/CLIA

CSF-VDRL

Other:

Pos

Neg

Pos

Neg

Pos

Neg

Pos

Neg

Titer

ALT (SGPT)

AST (SGOT)

Bilirubin result:

Upper Limit:

Upper Limit:

If reporting Chlamydia and/or Gonorrhea:

Specimen Source(s) (check all that apply)

Cervical

Pharyngeal

Rectal

Urethral

Urine

Vaginal

Other:

Symptoms?

Yes

No

Unknown

If reporting Pelvic Inflammatory Disease:

Gonococcal PID

Chlamydial PID

Other/Unknown Etiology PID

Partner(s) Treated?

Yes, treated in this clinic

Yes, Meds/Prescription given to patient for their partner(s)

Yes, other:

No, instructed patient to refer partner(s) for treatment

No, referred partner(s) to:

Unknown

VIRAL HEPATITIS

Diagnosis (check all that apply)

Hepatitis A

Hepatitis B (acute)

Hepatitis B (chronic)

Hepatitis B (perinatal)

Hepatitis C (acute)

Hepatitis C (chronic)

Hepatitis D

Hepatitis E

Is patient symptomatic?

Yes

No

Unknown

Suspected Exposure Type(s)

Blood transfusion, dental or medical procedure

IV drug use

Other needle exposure

Sexual contact

Household contact

Perinatal

Child care

Other:

Remarks:

CDPH 110a (10/11) (for use by health care providers only)

Report all conditions except Tuberculosis and conditions reportable to DMV. (EPI 12)

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**STD Being Reported:**  
If reporting multiple STDs for a patient, complete a separate CMR for each STD.

**Patient Information:**  
Provide all available information.

**Date of First Specimen Collection:**  
Provide date of specimen collection for this diagnosis.

**Health Care Provider:**  
Record name of diagnosing health care provider, facility where patient was seen, and individual completing CMR.

**Gender of Sex Partner(s):**  
Indicate gender of patient's sex partner(s) in the past 12 months.

**Syphilis Stage, Neurosyphilis and Test Results:**  
Indicate stage of syphilis diagnosed AND whether patient has neurosyphilis. Check all laboratory tests performed and their results.

**Chlamydia or Gonorrhea:**  
Indicate source of positive specimen. Only check sites where patient tested positive.

**Partner(s) Treated:**  
Indicate how treatment of patient's sex partners was managed.

**Ethnicity and Race:**  
Complete patient's ethnicity and race. Check all that apply.

**Date of Diagnosis:**  
Date lab report was received (or, if earlier, date of presumptive diagnosis).

**Report to:**  
Fax completed STD CMRs to: (619) 692-8541.

**Laboratory Name, City, State and ZIP:**  
Indicate laboratory where specimen was processed.

**STD Treatment:**  
Indicate how patient was or will be treated. Include the drug(s) used, dosage and treatment date.

## STD Reporting Time Frames

**Within 1 working day of identification:** Syphilis, including suspected cases (i.e. presumption of syphilis based on presentation of signs and symptoms regardless of whether results of the laboratory tests are known).

**Within 7 days of identification:** Gonorrhea, chlamydia including lymphogranuloma venereum (LGV), pelvic inflammatory disease (PID), and chancroid.

Reporting of STDs does not require patient consent and is not subject to the requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA allows disclosure of this information to public health authorities for the "purpose of ... public health surveillance, public health investigations, and public health interventions..." 45 CFR §164.512(b)(1).

## More Information on Disease Reporting

For more information about reporting STDs, please call (619) 692-8501 or go to [STDsSanDiego.com](https://stdsan Diego.com).

For information about reporting other diseases, please call (619) 692-8499.